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## Billing Information and Payment Authorization Form

**Please complete the information below. This card will be ran for authorization purposes for first time clients. This card may also be stored on file, and ran as a payment method at the client's request/advise. Storage clients may keep the card on file as a recurring payment option.**

**This card will not be automatically run for invoices, except in the cast of delinquent balances. Clients must advise if they wish to use their file card to pay an invoice, or remit alternative payment as they prefer. There is no credit or debit card processing fee.**

**Business/Client** \_\_\_\_\_ **Contact** \_\_\_\_\_  
**Billing Address** \_\_\_\_\_ **Phone#** \_\_\_\_\_  
**City, State, Zip** \_\_\_\_\_ **Email** \_\_\_\_\_

Account Type: <input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Cardholder Name	_____		
Account Number	_____		
Expiration Date	_____	CVC Code	_____

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined in any storage contract or work authorization. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the agreed upon terms. Authorization is hereby granted to debit my account for any amount that becomes more than 60 days past due, based on the invoice due date.